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| **Date:** August 24, 2023 |   |
| **Medical Dir.:** Garrett Colmorgen, M.D. |  |
| **Location:** Zoom Conference Call**Monthly OB TEAM Membership Meeting** |  |

**MEMBER ATTENDANCE:**

🗹 Garrett Colmorgen, MD 🗹 Kim Liprie  Julia Paulus, CNM

🗹 Bridget Buckaloo, MSN, RN  K. Starr Lynch, BSN, RN 🗹 Nancy Petit, MD

 Christina Bryant 🗹 Kathleen McCarthy, CNM, MSN  Jennifer Pulcinella

 Joanna Costa, MD 🗹 Jennifer Novack, MSN, RNC-OB, APN  Philip Shlossman, MD

 Mawuna Gardesey  Rita Nutt  Megan Williams, DHA

 David Hack, MD David Paul, MD

🗹 Matthew Hoffman, MD

**FACILITATOR:**

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| 🗹 Garrett Colmorgen, MD |  |  |

**OTHER STAFF ATTENDANCE:**

🗹 Meena Ramakrishnan

🗹 Maria Webster

🗹 Kim York

🗹 Sarah Knavel

🗹 Diane Hitchens

🗹 Khaleel Hussaini

🗹 Lisa Klein

🗹 Kim Hudson

🗹 Robin Revel

🗹 Deb Allen

🗹 Andrew Meyer

🗹 Tina Raab

🗹 Megan Coalson

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| **TOPIC** | **FINDINGS, CONCLUSIONS & RECOMMENDATIONS** | **ACTIONS**  | **STATUS** |
| I. Call to order | The meeting was called to order by Dr. Colmorgen at 4:02p.m.  | No further action. | Resolved |
| II. Review and approval of Minutes | The minutes from the June 15, 2023, meeting were not reviewed and approved.  | No further action. | Resolved |
| III. Opening Remarks | Dr. Colmorgen welcomed to Bridget Buckaloo to her new consultant to the DPQC. Vik Vishnubhakta with Excelsior Associates will be providing technical assistance to the group as the DPQC moves towards improving the quality of care in each of the hospitals in Delaware. To show improvement data must be collected and that data should be consistent and similar from each hospital.  | On-going | On-going |
| IV. Severe Hypertension Quality Review | Bridget advised as she becomes familiar with her new role and the AIM initiatives for each hospital and birthing center, she will be reaching out to get a better understanding of what occurs at each facility in the upcoming weeks. She will be asking how the data is collected, challenges in collecting the data and how the DPQC can help collect the bundled data as the need for good, quality, consistent data from each facility is necessary to report on these measures to AIM. AIM has asked for initial data and quarterly thereafter and it is important that each facility is reporting the same data.  | On-going | On-going |
| V. Review of SHTN Episodes/ Examples from Figure 1 of SMFM Article and Discussion of SHTN Examples | An article was shared with the group on SHTN which led to broad discussion of numerator and denominator in collecting the data which may have caused some confusion. To clarify, everyone is looking at time to treat through the same lens and consistently reporting the same data, conversations have occurred with Khaleel and Vik to discuss how to consistently collect and report on the same data.The AIM metric for severe hypertension has the denominator being birthing patients with acute-onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational hypertension, or chronic hypertension. The numerator is that among the denominator, birthing patients who were treated within one hour with IV Labetalol, IV Hydrafalazine or PO Nifedipine. The one hour is measured from the FIRST severe range BP reading, assuming configuration of persistent elevation through a second reading.The Joint Commission is also looking at this data from each birthing facility. Data of what was collected with examples from each facility was shared and discussed as not all of it met the AIM metric criteria. This data highlighted the importance of determining time zero and the process of getting and the outcomes of the data that is presently being collected. | On-going | On-going |
| VI. Review of SMM Data | Khaleel reviewed some of the Delaware data from each of the birthing facilities on Time zero: Protocols/ guidelines: Observation of 15-minute intervals and Treatment. The numerator data on birth admissions was limited to patients with hemorrhage as previa diagnosis, abruption diagnosis, antepartum hemorrhage diagnosis, postpartum hemorrhage diagnosis, blood transfusion (CDC SMM), Sickle Cell disease with crisis diagnosis (only count blood transfusion codes above as hemorrhage if a Sickle Cell disease crisis code is not present. Data per hospital were shared from 2021-2023 for preeclampsia and eclampsia and maternal opioid use disorder. The maternal and NOWS rates are consistently declining in Delaware from 2021-2023.  | On-going | On-going |
| VII. Questions/ Discussion | \*Sarah Knavel had question regarding each birthing hospital and if they place pulse oximeters on every baby during the initial skin-to-skin post-delivery and this was discussed. \*Sarah Knavel also brought to awareness that at least three non-English speaking families have presented to a local funeral home after going through a miscarriage and in the Bayhealth Infant Bereavement group that meets, it was questioned what education and support is being provided to families such as this. Bridget suggested there may be standards based upon the gestational age of the fetus. This may be education issue on what to expect for a loss under 20 weeks and for each facility to look at their policy and education on this topic as bereavement support may be different at each facility. \*Dr. Colmorgen stated that on 9/19 from 3pm-5pm is a joint meeting of the DPQC Advisory Board and the MDRC at the Hilton Garden Inn in Dover. The meeting will be live and virtual with light snacks provided. This meeting will be open for public comments. A link will be sent out as meeting date gets closer. | On-going | On-going |
| VIII. Adjournment |  There being no further items, the meeting adjourned at 5:15pm. | No further action | Resolved |

*Minutes prepared by JoEllen Kimmey, DPH*

**Upcoming Meetings:**

**DPQC Advisory Board/- MDRC Meeting: Tuesday, September 19, 2023, @ 3-5pm Dover Hilton Garden Inn**

**DPQC OB Team: Thursday, September 21, 2023 @ ZOOM**

**DPQC PEDS Team: Monday, September 25, 3-4pm @ ZOOM**